# P16000033940

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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# COVER LETTER

TO: Amendment Section

Division of Corporations		
SUBJECT: DISSOlution of	corporation	
DOCUMENT NUMBER:		
The enclosed Articles of Dissolution and f	ee are submitted for filin	g.
Please return all correspondence concerning	g this matter to the follow	ving:
Jamie Leigh G Name of	POMZalez	<u> </u>
•		
Sipster City, INC	n/Compony)	
		7
new: 510 old Hickory	ddress)	<u> </u>
Mashville, TM 3720 (City/Sta	te and Zip Code)	
For further information concerning this ma	tter, please call:	
	at ( <u>805-80</u>	15-7134
(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amou	int:	
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
MAILING ADDRESS:		EET ADDRESS:
Amendment Section Division of Corporations		ndment Section sion of Corporations
P.O. Box 6327	Clift	on Building
Tallahassee, FL 32314	2661	Executive Center Circle

Tallahassee, FL 32301

# ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State:
	Sipster City, INC.
SECOND:	The document number of the corporation (if known): PILOOOO33940
THIRD:	The date dissolution was authorized: 8 23 16
	Effective date of dissolution if applicable: 8/23/16
	(no more than 90 days after dissolution file date)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
FOURTH:	Adoption of Dissolution (CHECK ONE)
	Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.
	Dissolution was approved by the shareholders through voting groups.
-	The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:
	The number of votes cast for dissolution was sufficient for approval by
	Jamie Leigh bonzalez
	Signature:  (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)
	Jame Leigh Conzalez  (Typed or printed name of person signing)
	President (Title of person signing)

### Filing Fee: \$35

### **Notice of Corporate Dissolution**

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: Sipster City, Inc. Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution. Description of information that must be included in a claim: my husband's job and Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations), 9200 Bay Harbor Terrace #3A, Bay Horbor 15 ands, FL 33154 A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00

the Person Filing